



2003 Consumer's Guide **Medicare (M+C) Managed Care in Missouri**



Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2003 Consumer's Guide helps you compare the quality of health care and member satisfaction among the commercial managed care plans in Missouri. Use this guide along with any coverage information your employer provides to help select the right plan for you or your family.

Follow these steps to assist you in choosing a health plan:

- ◆ Use the comparison indicators in this brochure only in combination. No one indicator is a sole direct measure of a health plan's performance.
- ◆ Talk to your doctor, family and friends about their experiences with different plans.
- ◆ Come up with your own questions and call your plan choices for answers using the phone numbers provided.
- ◆ Draw on all information to evaluate your managed care options. Make the choice that best suits your needs.

Table of Contents

What do Managed Care Plans Look Like — pg 3

Compares Statewide Market Share, National Accreditation,
Administrative Expense Rating and Complaint Index Rating

Commercial Managed Care Plan Performance —

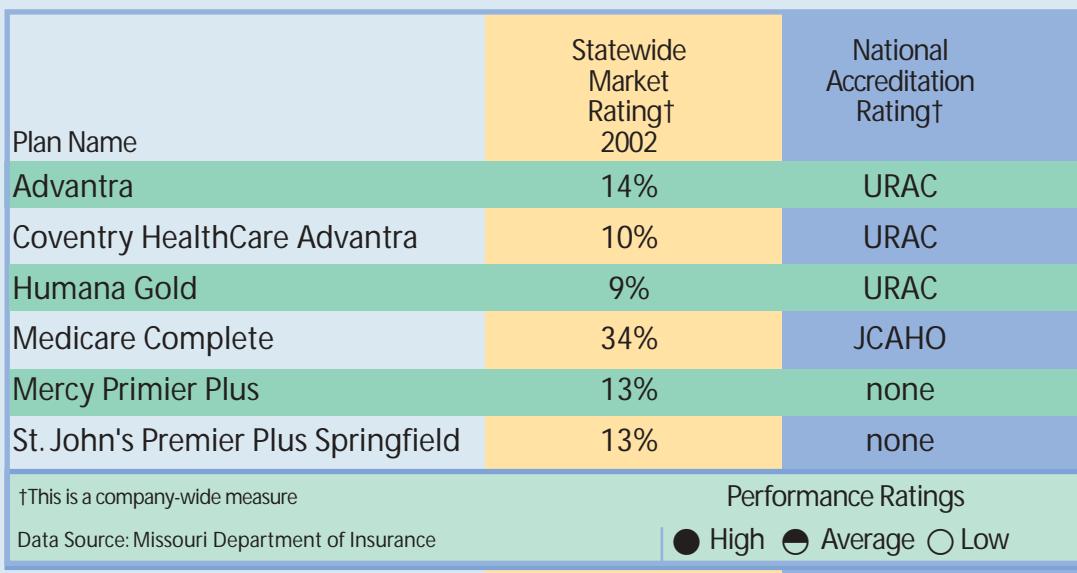
Compares Managed Care Plan's performances on specific topics

Topics —

Women's Health	pg 4
Cardiovascular	pg 5
Diabetes	pg 6
Depression	pg 7
Member Satisfaction	pg 8
Quality of Care Symbols Explained	pg 9

Telephone Numbers for Managed Care Plans and Websites for More Information — pg 10

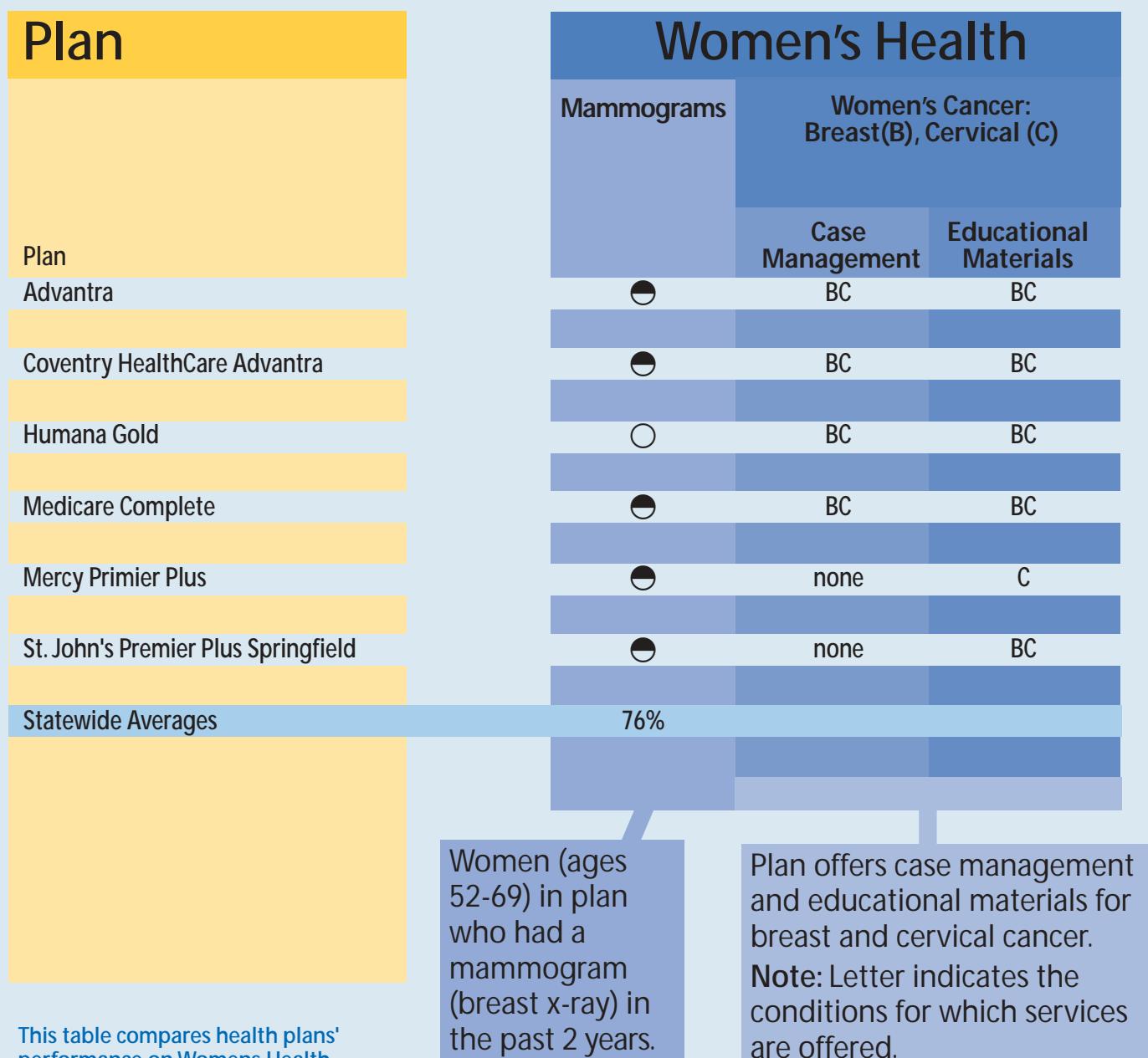
What Do Managed Care Plans Look Like?



This shows the percentage of the State's managed care M+C plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan's ability to meet the varied health care needs of its members.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Medicare (M+C) Managed Care Plan Performance



Quality of Care Ratings*

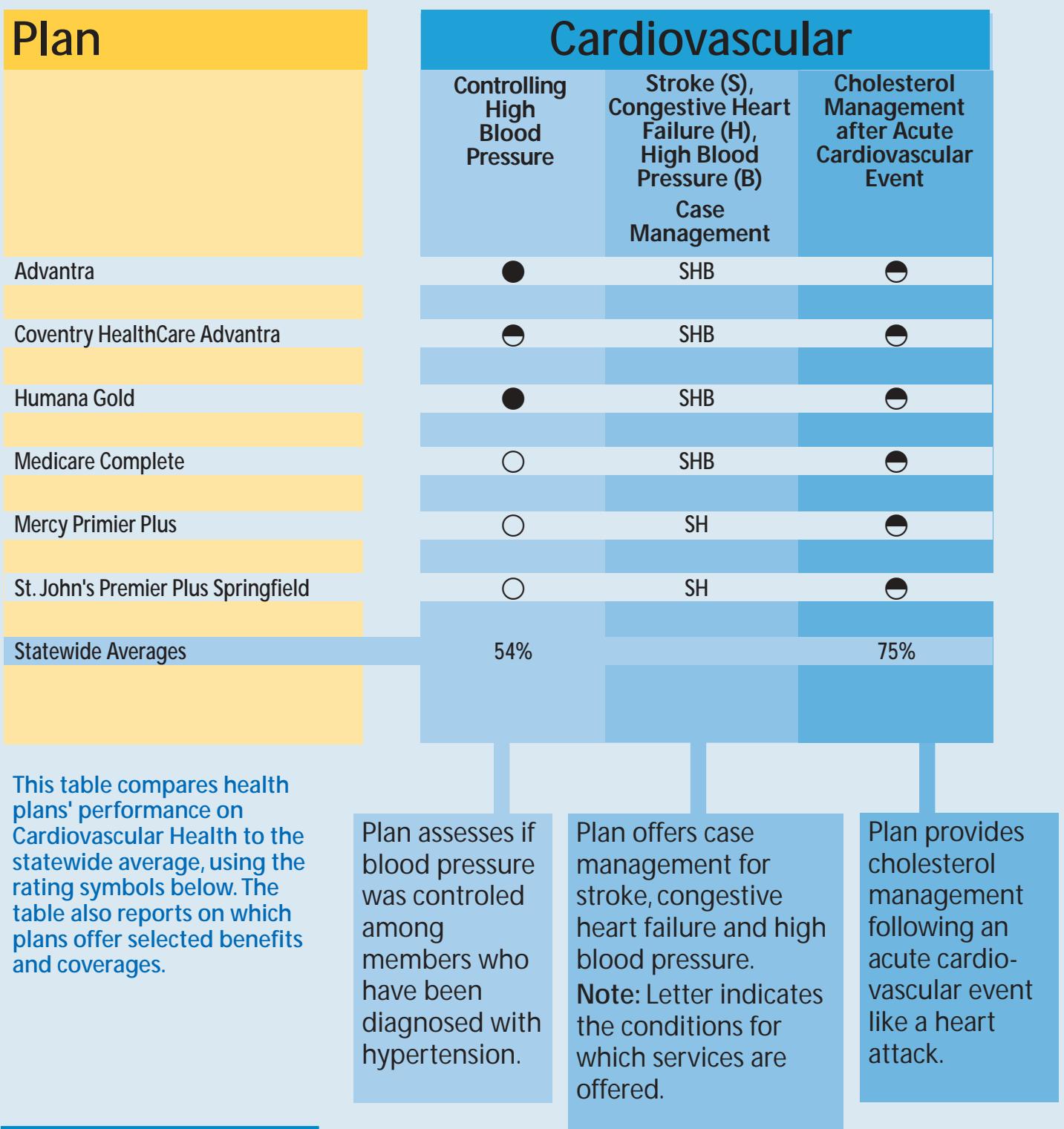
- High
- Average
- Low/Needs Improvement
- NA Numbers too small
- NR Not reported by plan

*Plan performance measures are compared to statewide averages

All female Medicare beneficiaries are covered for one annual mammogram and for a Pap smear, pelvic exam, and clinical breast exam at least once every three years.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Medicare (M+C) Managed Care Plan Performance



Quality of Care Ratings*

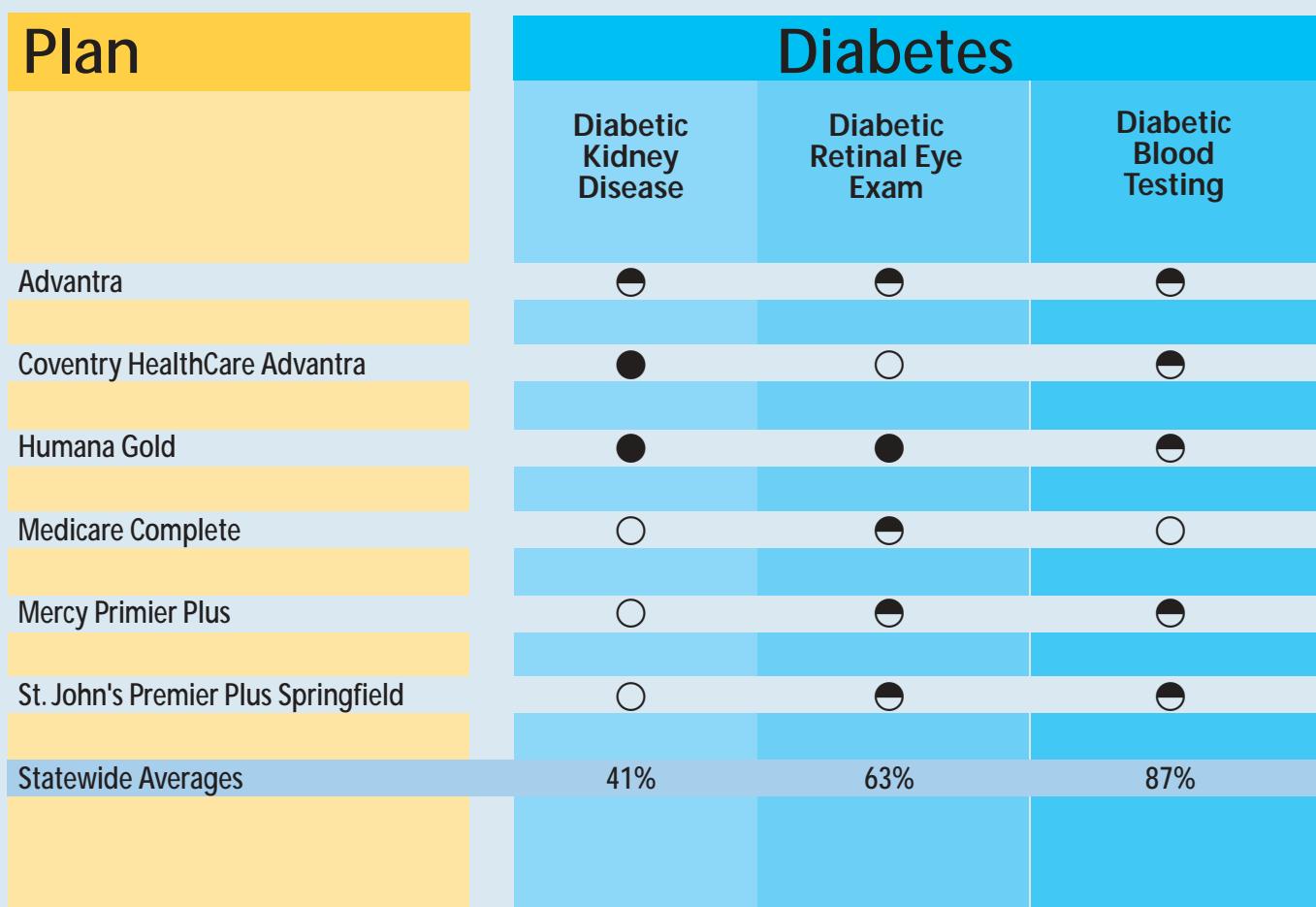
- High
- Average
- Low/Needs Improvement
- NA Numbers too small
- NR Not reported by plan

*Plan performance measures are compared to statewide averages

Screenings help to determine if a patient is at risk for a certain disease or health problem.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Medicare (M+C) Managed Care Plan Performance



This table compares health plans' performance on Diabetes management to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Plan members who received screening for kidney disease (nephropathy).

Plan members who received a retinal eye exam during the past year.

Plan members (ages 18-75) who received a blood glucose test during the past year.

Diabetes that occurs later in life may be prevented by keeping your weight down, exercising, and eating a healthy diet. Pills can often now control diabetes without the need for insulin shots.

Quality of Care Ratings*

●—High

○—Average

○—Low/Needs Improvement

NA Numbers too small

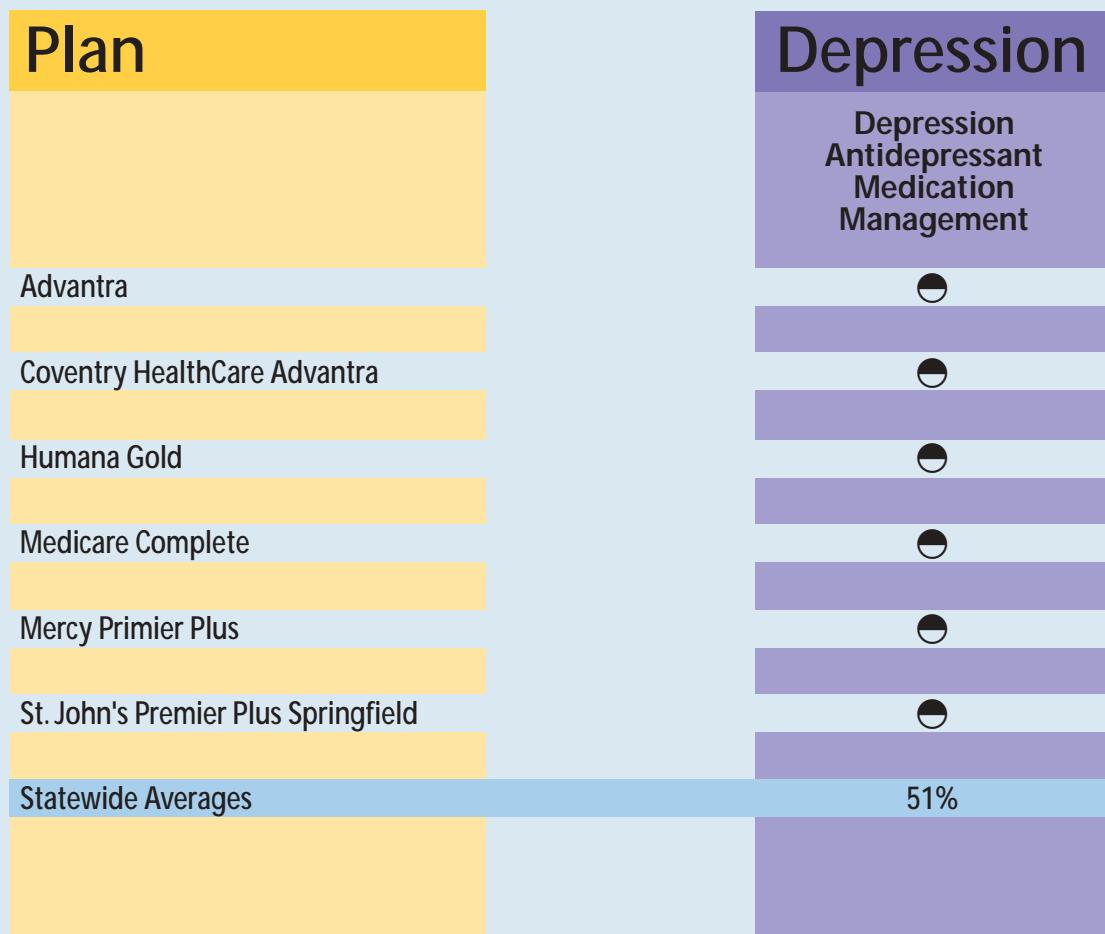
NR Not reported by plan

*Plan performance measures are compared to statewide averages

Screenings help to determine if a patient is at risk for a certain disease or health problem.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Medicare (M+C) Managed Care Plan Performance



This table compares health plans' performance on Depression management to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Plan members whose medicine for recovery from depression is adequately managed.

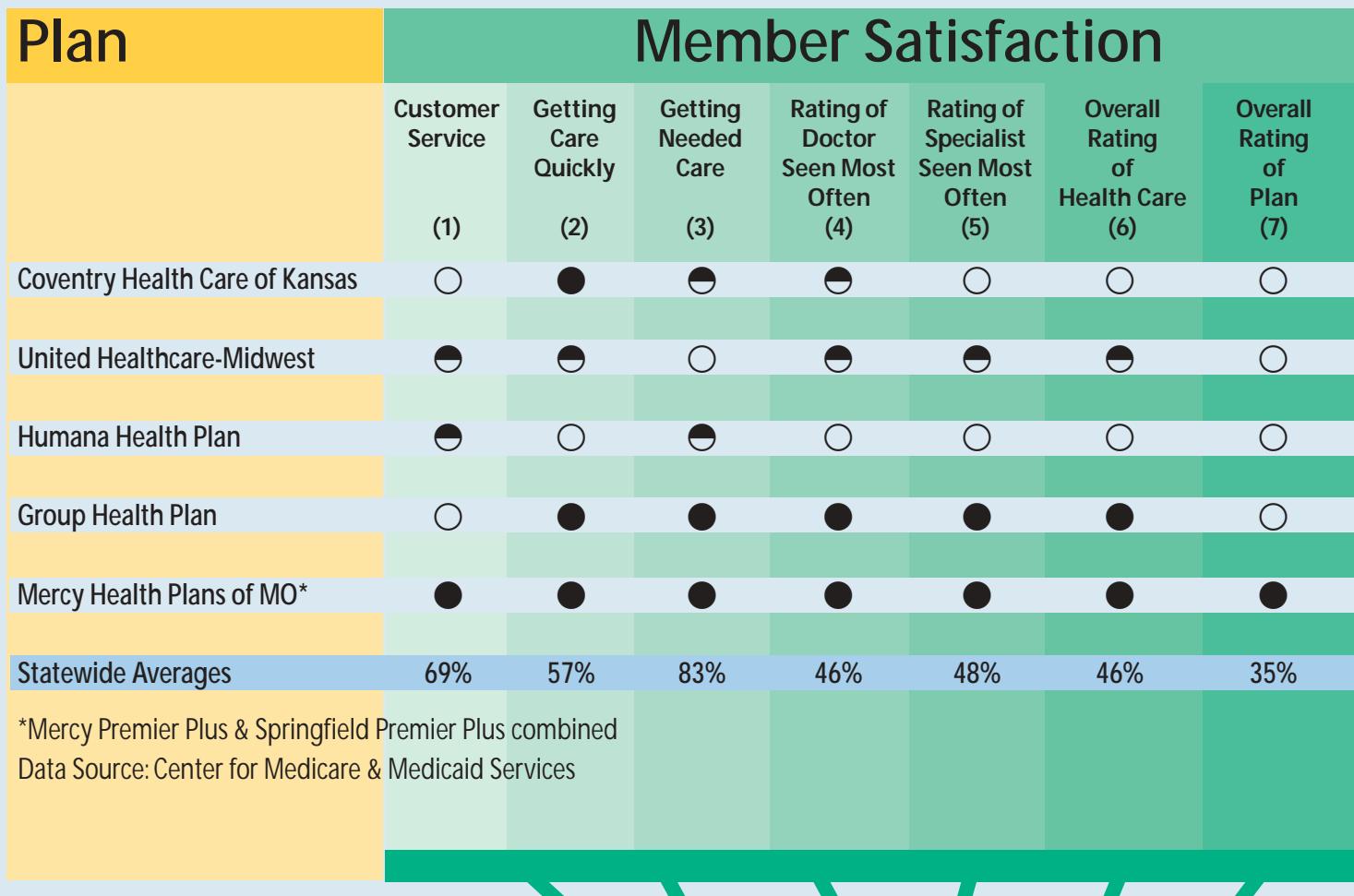
Quality of Care Ratings*

- High
- Average
- Low/Needs Improvement
- NA Numbers too small
- NR Not reported by plan

*Plan performance measures are compared to statewide averages

Screenings help to determine if a patient is at risk for a certain disease or health problem.
Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Medicare (M+C) Managed Care Plan Performance



*Mercy Premier Plus & Springfield Premier Plus combined

Data Source: Center for Medicare & Medicaid Services

Response Descriptions for Satisfaction Categories Above

- (1) No problem with paperwork, written materials or help from customer service.
- (2) No problem getting necessary care in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health care.
- (7) Overall rating of health plan.

All Plans Averages and Quality of Care
Symbols Explained on following page.

Quality of Care Ratings*

- High
- Average
- Low/Needs Improvement
- NA Numbers too small
- NR Not reported by plan

*Plan performance measures are compared to statewide averages

Screenings help to determine if a patient is at risk for a certain disease or health problem.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

All Plans Averages and Quality of Care Symbols Explained

The numbers on the "All Plans Averages" line show the percent of plan members that received the care or were satisfied with the care shown in the header at the top of that column. For example, under the "Getting Care Quickly" column, 57% (or 57 out of every 100 members) is the average number of members who received care when needed - of all Medicare plans. So, here, an Average (◐) for a specific plan means that the plan scored close to the All Plans Average of 57%. A High (●) or Low (○) symbol in any column means the plan scored well above or well below the column average for All Plans.

Member Services Telephone Numbers

Managed Care Plan	Customer Service	RN Helpline	Website
Advantra	800-533-0367		http://www.ghp.com
Coventry Healthcare Advantra	800-727-9712 800-207-1262	800-622-9528	http://www.chckc.cvty.com
Humana Gold	800-448-6262	800-941-5388	http://www.humana.com
Medicare Complete	800-656-0065	877-365-7950	http://www.uhc.com
Mercy Premier Plus	800-481-4466	800-909-Team	http://www.mercyhealthplans.com
St. John's Premier Plus	800-481-4466	800-909-Team	http://www.mercyhealthplans.com

Websites

The following Websites may be useful:

Agency for Healthcare Research & Quality:	http://www.ahrq.gov
American Accreditation Healthcare Commission/URAC:	http://www.urac.org
American Association of Health Plans:	http://www.aahp.org
American Medical Association:	http://www.ama-assn.org
American Osteopathic Association:	http://www.aoa-net.org
Families USA:	http://www.familiesusa.org
Joint Commission on Accreditation of Healthcare Organizations/JCAHO:	http://www.jcaho.org
Missouri Department of Health and Senior Services	http://www.dhss.state.mo.us
Missouri Department of Insurance	http://www.insurance.state.mo.us
National Committee for Quality Assurance/NCQA:	http://www.ncqa.org
National Health Information Center	http://www.health.gov/nhic
The Official U.S. Government Site for People with Medicare	http://www.medicare.gov
U.S. Health and Human Services-Health Finder:	http://www.healthfinder.gov

For further information about this Consumer's Guide, contact:

**Bureau of Health Care Performance Monitoring,
Missouri Department of Health and Senior Services**
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 526-2812

Concerns or Complaints?

Call your managed care plan if you have concerns on your treatment or feel you have been denied health services. They will explain your grievance rights and how to file a complaint. If you disagree with a plan's position or decision, you can file a complaint with the Missouri Patient Care Review Foundation Beneficiaries Helpline at: 1-800-347-1016

The Missouri Department of Health and Senior Services has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 2002. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Evaluation, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 526-2812. A companion technical report, containing the data and statistical formulas used, is also available for \$10.

The Missouri Department of Health and Senior Services is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.

